

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>for</i>	<i>6364</i>	<i>2/25/00</i>
O.I.P.E. CLASSIFIER	<i>for</i>	<i>3</i>	<i>3/3</i>
FORMALITY REVIEW		<i>65955</i>	<i>4/28</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 - Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
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41	✓
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45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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